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PTO/SB/21 (08-00)

Approved for use through 10/31/2002 OMB 0651-0031

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J1036 U.S. PTO
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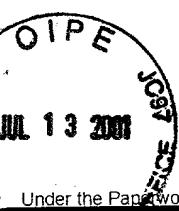
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	
		Filing Date	
		First Named Inventor	MARY C. FREDERICKSON
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	18	Attorney Docket Number	0114

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)	Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	H. GORDON SHIELDS
Signature	
Date	7-10-2001

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text"/>		
Typed or printed name	H. GORDON SHIELDS	
Signature		Date 7-10-2001

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PTO/SB/17 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 355.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	MARY C. FREDERICKSON
Examiner Name	
Group Art Unit	
Attorney Docket No	0114

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number
Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65		Surcharge - late filing fee or oath	<input type="text"/>
127	50	227	25		Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139	130		Non-English specification	<input type="text"/>
147	2,520	147	2,520		For filing a request for ex parte reexamination	<input type="text"/>
112	920*	112	920*		Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113	1,840*		Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215	55		Extension for reply within first month	<input type="text"/>
116	390	216	195		Extension for reply within second month	<input type="text"/>
117	890	217	445		Extension for reply within third month	<input type="text"/>
118	1,390	218	695		Extension for reply within fourth month	<input type="text"/>
128	1,890	228	945		Extension for reply within fifth month	<input type="text"/>
119	310	219	155		Notice of Appeal	<input type="text"/>
120	310	220	155		Filing a brief in support of an appeal	<input type="text"/>
121	270	221	135		Request for oral hearing	<input type="text"/>
138	1,510	138	1,510		Petition to institute a public use proceeding	<input type="text"/>
140	110	240	55		Petition to revive - unavoidable	<input type="text"/>
141	1,240	241	620		Petition to revive - unintentional	<input type="text"/>
142	1,240	242	620		Utility issue fee (or reissue)	<input type="text"/>
143	440	243	220		Design issue fee	<input type="text"/>
144	600	244	300		Plant issue fee	<input type="text"/>
122	130	122	130		Petitions to the Commissioner	<input type="text"/>
123	50	123	50		Processing fee under 37 CFR 1.17(q)	<input type="text"/>
126	180	126	180		Submission of Information Disclosure Stmt	<input type="text"/>
581	40	581	40		Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	710	246	355		Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	710	249	355		For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179	710	279	355		Request for Continued Examination (RCE)	<input type="text"/>
169	900	169	900		Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____						<input type="text"/>

SUBTOTAL (1) (\$355.00)

2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
-20** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
- 3** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent		= <input type="text"/>

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description		
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater. For Reissues, see above

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	H. GORDON SHIELDS	Registration No (Attorney/Agent)	23,099	Telephone	(602) 995-0490
Signature				Date	7-10-2001

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